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## LABORATORY ANALYTICAL REPORT

Prepared by Billings, MT Branch

**Client:** MT DEQ-Public Water Supply

**Project:** MT0000464

**Client Sample ID:** 388 ED Street

**PWS ID:** MT0000464 **Facility ID:** DS001 **Sample Point ID:** SP001

**Facility Name:** MEADOWLARK OF BILLINGS LLC

**Lab ID:** B22011479-001A

**Report Date:** 01/25/22

**Collection Date:** 01/24/22 13:30

**Received Date:** 01/24/22 14:40

**Matrix:** Drinking Water

**Sampled By:** Karl Carlson

**Compliance Sample:** YES

**Sample Type:** RT

**Residual Chlorine (Field):** 0.61

Analyses	Result	Units	Safe/Unsafe	Qualifier	Method	Analysis Date / By
<b>MICROBIOLOGICAL</b>						
3100 Coliform, Total	Absent	per 100ml	SAFE		A9223 B	01/24/22 16:46 / spb
3014 Coliform, E-Coli	Absent	per 100ml			A9223 B	01/24/22 16:46 / spb

**Comments:** The notation "SAFE" indicates that the water was bacteriologically SAFE when sampled.

The notation "UNSAFE" indicates that the water was bacteriologically UNSAFE when sampled.

**Qualifiers:**



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## LABORATORY ANALYTICAL REPORT

Prepared by Billings, MT Branch

**Client:** MT DEQ-Public Water Supply

**Project:** MT0000464

**Client Sample ID:** Water Plant

**PWS ID:** MT0000464 **Facility ID:** DS001 **Sample Point ID:** SP001

**Facility Name:** MEADOWLARK OF BILLINGS LLC

**Lab ID:** B22011479-002A

**Report Date:** 01/25/22

**Collection Date:** 01/24/22 13:00

**Received Date:** 01/24/22 14:40

**Matrix:** Drinking Water

**Sampled By:** Karl Carlson

**Compliance Sample:** YES

**Sample Type:** RT

**Residual Chlorine (Field):** 0.67

Analyses	Result	Units	Safe/Unsafe	Qualifier	Method	Analysis Date / By
<b>MICROBIOLOGICAL</b>						
3100 Coliform, Total	Absent	per 100ml	SAFE		A9223 B	01/24/22 16:46 / spb
3014 Coliform, E-Coli	Absent	per 100ml			A9223 B	01/24/22 16:46 / spb

**Comments:** The notation "SAFE" indicates that the water was bacteriologically SAFE when sampled.

The notation "UNSAFE" indicates that the water was bacteriologically UNSAFE when sampled.

**Qualifiers:**



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## LABORATORY ANALYTICAL REPORT

Prepared by Billings, MT Branch

**Client:** MT DEQ-Public Water Supply

**Project:** MT0000464

**Client Sample ID:** 606 Richard

**PWS ID:** MT0000464 **Facility ID:** DS001 **Sample Point ID:** SP001

**Facility Name:** MEADOWLARK OF BILLINGS LLC

**Lab ID:** B22011479-003A

**Report Date:** 01/25/22

**Collection Date:** 01/24/22 13:30

**Received Date:** 01/24/22 14:40

**Matrix:** Drinking Water

**Sampled By:** Karl Carlson

**Compliance Sample:** YES

**Sample Type:** RT

**Residual Chlorine (Field):** 0.20

Analyses	Result	Units	Safe/Unsafe	Qualifier	Method	Analysis Date / By
<b>MICROBIOLOGICAL</b>						
3100 Coliform, Total	Absent	per 100ml	SAFE		A9223 B	01/24/22 16:46 / spb
3014 Coliform, E-Coli	Absent	per 100ml			A9223 B	01/24/22 16:46 / spb

**Comments:** The notation "SAFE" indicates that the water was bacteriologically SAFE when sampled.

The notation "UNSAFE" indicates that the water was bacteriologically UNSAFE when sampled.

**Qualifiers:**



# Work Order Receipt Checklist

MT DEQ-Public Water Supply

B22011479

Login completed by: Tabitha Edwards

Date Received: 1/24/2022

Reviewed by: BL2000\tburris

Received by: tkb

Reviewed Date: 1/25/2022

Carrier name: Hand Del

Shipping container/cooler in good condition?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Present <input checked="" type="checkbox"/>
Custody seals intact on all shipping container(s)/cooler(s)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Present <input checked="" type="checkbox"/>
Custody seals intact on all sample bottles?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Present <input checked="" type="checkbox"/>
Chain of custody present?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Chain of custody signed when relinquished and received?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Chain of custody agrees with sample labels?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Samples in proper container/bottle?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Sample containers intact?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Sufficient sample volume for indicated test?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
All samples received within holding time? (Exclude analyses that are considered field parameters such as pH, DO, Res Cl, Sulfite, Ferrous Iron, etc.)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Temp Blank received in all shipping container(s)/cooler(s)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Not Applicable <input type="checkbox"/>
Container/Temp Blank temperature:	12.2°C No Ice		
Containers requiring zero headspace have no headspace or bubble that is <6mm (1/4").	Yes <input type="checkbox"/>	No <input type="checkbox"/>	No VOA vials submitted <input checked="" type="checkbox"/>
Water - pH acceptable upon receipt?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

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## Standard Reporting Procedures:

Lab measurement of analytes considered field parameters that require analysis within 15 minutes of sampling such as pH, Dissolved Oxygen and Residual Chlorine, are qualified as being analyzed outside of recommended holding time.

Solid/soil samples are reported on a wet weight basis (as received) unless specifically indicated. If moisture corrected, data units are typically noted as –dry. For agricultural and mining soil parameters/characteristics, all samples are dried and ground prior to sample analysis.

Radiochemical precision results represent a 2-sigma Total Measurement Uncertainty.

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## Contact and Corrective Action Comments:

The Sample Type for all samples has been changed from Special to Routine per email request from Lisa Kaufman on 01/25/2022.



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## Bacteriological Examination of Public Water Supplies

PWSID: MT0000434  
(List only one PWSID per form)

System Name: Meadowlark MHP

Collected By: Karl Carlson

Contact Phone (Required): 406 247-4449

### Routine Sampling: Distribution System Samples

This section is for all routine monthly or quarterly samples as required by permit

Required IDs		Sample Type		Sample Location	Sample Date	Sample Time	Residual Chlorine (ppm)
Fac ID	Sample Point ID	Routine					
			1.				
			2.				
			3.				
			4.				
			5.				

### Special Sampling: Repeats, Source or Well Samples

This section is for all samples that are NOT routine distribution system samples

Required IDs		Sample Type		Sample Location	Sample Date	Sample Time	Residual Chlorine (ppm)
Fac ID	Sample Point ID	RP - Repeat SP - Special TG - Source/Raw					
		SP	1.	388 ED Street	1/24/22	130	0.161
		SP	2.	water Plant	1/24/22	100	0.167
		SP	3.	606 Richard	1/24/22	130	0.20
			4.				
			5.				

### Account Information

Company/Name: Montana DEQ PWS  
Contact: Karl Carlson Lisa Kaufman  
Mailing Address: 1520 E Sixth Ave  
City, State, Zip: Helena MT 59601  
Phone: 406 444 5313 406 247 4449  
Email: Kcarlson2@MT.gov

### Report Address

(leave blank if same as Account Information)

Company/Name:  
Contact:  
Mailing Address:  
City, State, Zip:  
Phone:  
Email:

Custody Record MUST be Signed	Relinquished by Signature: <u>[Signature]</u>	Date/Time: <u>1/24/22 240pm</u>	Received by Signature: <u>[Signature]</u>	Date/Time: <u>1/24/22 1440</u>
	Relinquished by Signature: <u>[Signature]</u>	Date/Time: <u>1/24/22 240pm</u>	Received by Laboratory Signature: <u>[Signature]</u>	Date/Time: <u>1/24/22 1440</u>

### LABORATORY USE ONLY

Shipped by: _____	Custody Seals: Y N C B	Receipt Temp: _____ °C	Temp Blank: Y N	On Ice: Y N
Payment Type (circle one) CC CASH CHK _____	Amount: \$ _____	Receipt Number: _____ (Applicable to Cash & Check Payments)		
ELI Laboratory ID: <u>B2201479</u>				